

Pre and Post-Operative Instructions:  
**ORIF Proximal Humerus Fracture**

**Prior to surgery:**

**Medications:** Medication prescriptions will be given to you when you are discharged from the hospital. Check your discharge paperwork for the location of your e-prescribed prescriptions.

**Physical Therapy:** Contact a physical therapist as soon as possible to get an appointment scheduled. **You want to begin physical therapy approximately 7-10 days following your surgery.** You will receive a physical therapy prescription at your pre-operative visit or at your first post-operative visit.

**Daily activities:** If you are having surgery on your dominant extremity, it is good to practice performing daily activities including personal hygiene and dressing yourself with your non-surgical limb.

**Clothing:** We recommend loose fitting or button-up tops. While keeping your arm at your side, slide the top up your surgical arm first, then get your non-surgical arm in second. Perform the opposite when getting undressed by removing your non-surgical arm first, and then sliding the top down your surgical arm.

**Anti-bacterial body wash:** Please use an anti-bacterial soap in place of your normal body wash during your last shower- either the night before or the morning of your surgery. We recommend Hibiclens or anti-bacterial Dial soap. Wash your **ENTIRE** body with the soap and rinse off. Do not use on your face, hair, or genital area as it may cause dry skin.

**Food/Water:** Do not eat any food or drink any fluids, including water, after 12am the night prior to your surgery. Patients who do not follow this may experience a delayed or even cancelled surgery.

**MyChart:** If you have not already signed up for UCSF MyChart, please refer to the back of your After Visit Summary (AVS) to register. This is an online portal that will enable you to access some of your medical records, request prescription refills, check appointment times and most importantly it allows you to send and receive messages from your treating physician or surgeon.

**On day of surgery:**

**Ice:** Use a bag of ice, ice pack, frozen peas or cold therapy unit. Place over bandaged shoulder for 20 minutes every 1-2 hours to decrease pain and inflammation. If you do not feel like the ice is penetrating the surgical dressing, discontinue until after your post-operative appointment when the bandages are removed.

**Pain Medication:** When you are discharged from the surgery center, return home, eat a light meal and begin taking the pain medication as prescribed. Do not wait until you experience pain to start taking the medications as it takes 30-45 minutes to work. The first 2-3 days are usually the most painful, so continue with the medications as prescribed, but as pain decreases you can decrease the narcotic medication as tolerated. Avoid taking Tylenol while you are taking the narcotic medication as they both contain acetaminophen, which can be dangerous in high amounts.

**Eating:** Eat bland or liquid foods following surgery. The narcotic medication and/or the anesthesia medications may cause nausea or vomiting. Progress to your normal diet slowly over the 24 hours following surgery. Take narcotic and anti-inflammatory medications with food whenever possible.



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**Post-op Day 1 and until 1<sup>st</sup> Post-op visit:**

**Surgical Dressing:** Keep the dressing on the surgical site until your first post-operative visit –usually about 5-9 days after your surgery. Do not put any ointment on your incision as this may increase the risk of post-operative infection.

**Bathing:** You may sponge bath following surgery. You can also shower with a plastic garbage bag/tape around the shoulder, but you must keep the dressing absolutely dry as this may cause post-operative infection. You may shower normally after the dressings are removed. Do not use a hot tub, swim in a pool or the ocean until instructed by your surgeon.

**Sling:** Continue to use the sling until your first post-operative appointment. You will wear the sling for 6 weeks following surgery or as instructed by your surgeon. You should wear the sling almost 24 hours per day, unless you are getting dressed/undressed, when bathing, or when performing your post-operative exercises.

**Restrictions:** Keep your arm at your side when out of the sling, DO NOT actively raise your elbow away from your side as this places stress on the shoulder. It is OK to write/type with your hand and you can bend your elbow to assist with buttoning shirts or pants. Do not hold anything that weighs more than your cell phone.

**Sleeping:** You must wear the sling when sleeping at night. The most comfortable position tends to be semi-reclined such as propped up in bed with pillows or in a reclining chair. You can return to a flat bed when you feel comfortable to do so.

**Driving:** You are not allowed to drive until you are discharged from wearing the sling and have discontinued using the narcotic pain medications. Driving remains at your own risk.

**Post-Operative Exercises:** Begin the post-operative exercises the day after surgery. Perform them 5 times per day and continue until you start physical therapy. Visit [sportsrehab.ucsf.edu](http://sportsrehab.ucsf.edu) to review videos of these exercises.

**Please call the office if you have any of the following:**

Fever greater than 101.5°F or 38.5°C  
Continuing drainage from the wound/dressing  
Unrelenting pain  
Excessive nausea/vomiting due to pain medication  
Any other worrisome conditions

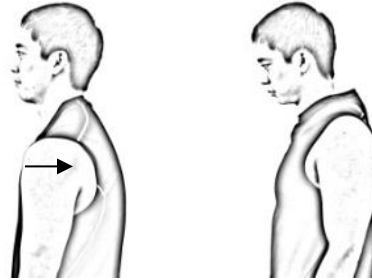


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**Post-Operative Exercises: Start the day after surgery.**

Perform these exercises 5 times per day.

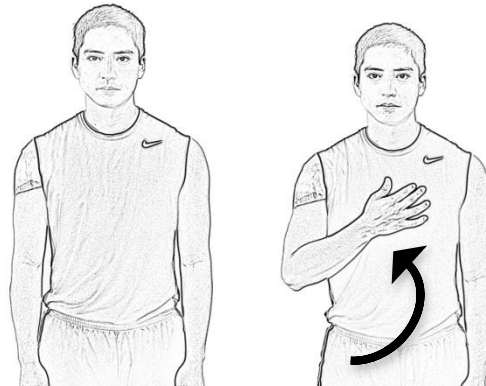
1. **Scapula Squeeze.** Keeping the sling on, squeeze shoulder blades back and together. Hold for 10 seconds and return to starting position and repeat 10 times.



2. **Ball Squeezes.** Keeping the sling on, squeeze ball 20-30 times to help with circulation and swelling.



3. **Elbow range of motion.** Remove the sling completely. With arm hanging at your side, slowly bend and straighten your elbow as far as tolerated. Repeat 10 times.



4. **Shoulder range of motion.** Remove the sling completely. Using your non-surgical arm to support the forearm of your surgical arm, passively raise the surgical arm forward. Go as far as tolerated, do not force through the pain and do not raise arm more than shoulder height (90 degrees). Sometimes it is easier to perform this exercise lying on your back or with the assistance of another person.

